



STATE OF MARYLAND

# DMMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**  
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## October 8, 2008

### Public Health & Emergency Preparedness Bulletin: # 2008:40

### Reporting for the week ending 10/04/08 (MMWR Week #40)

#### CURRENT HOMELAND SECURITY THREAT LEVELS

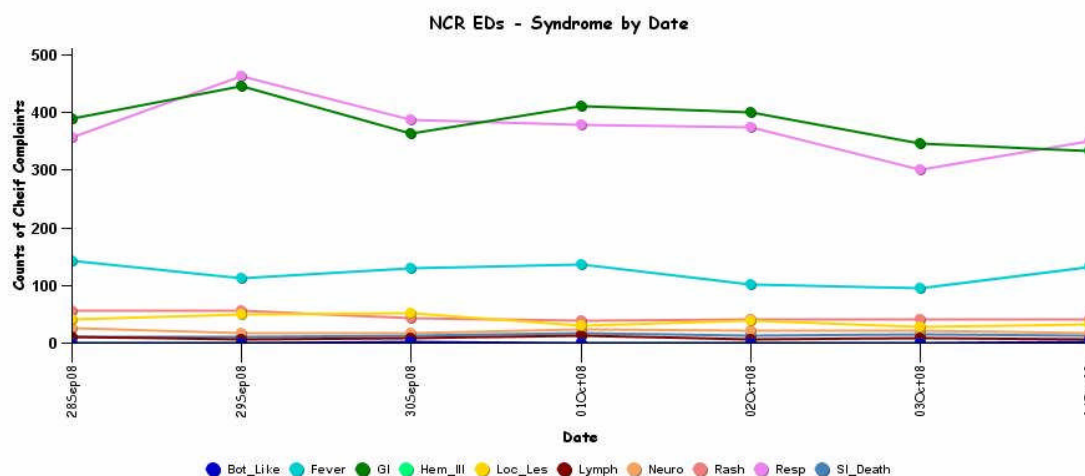
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

#### SYNDROMIC SURVEILLANCE REPORTS

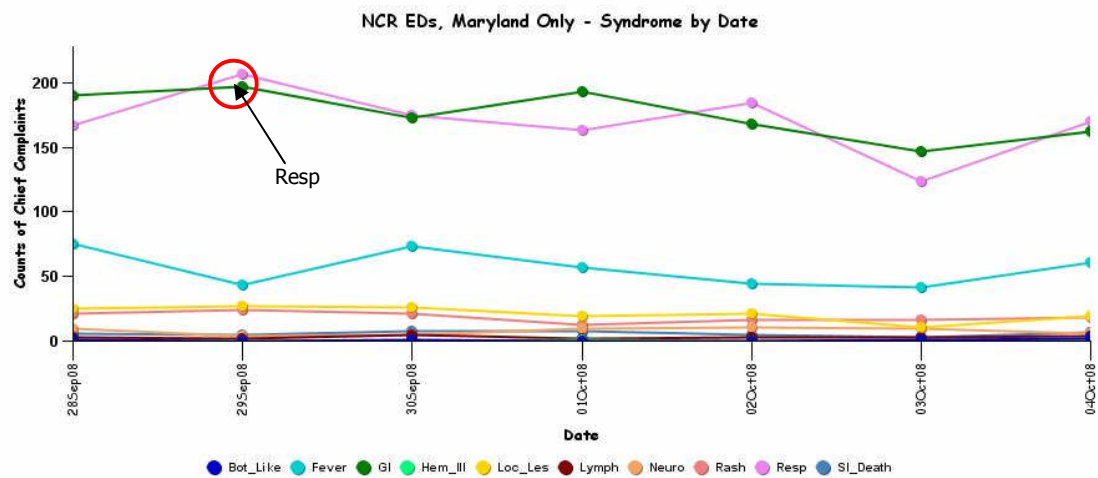
##### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

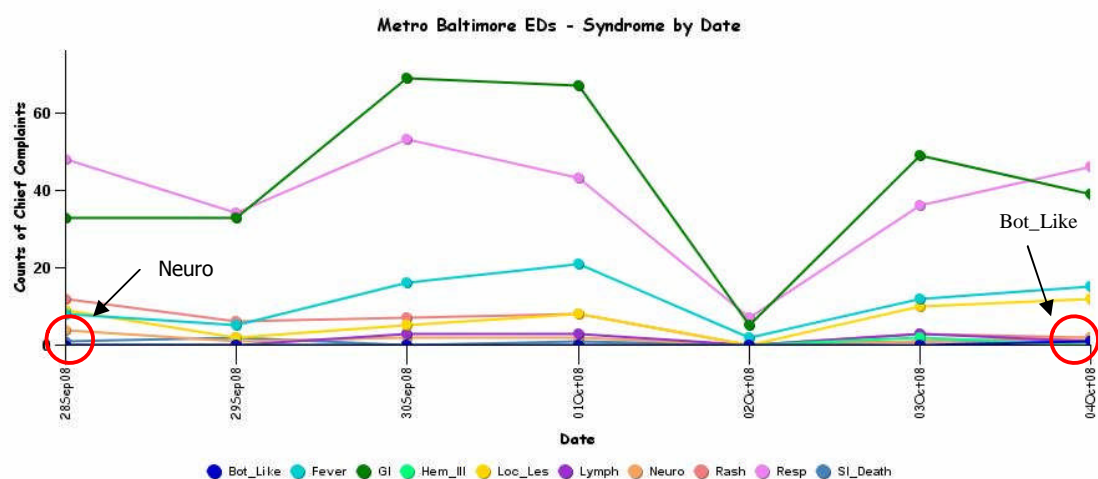
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

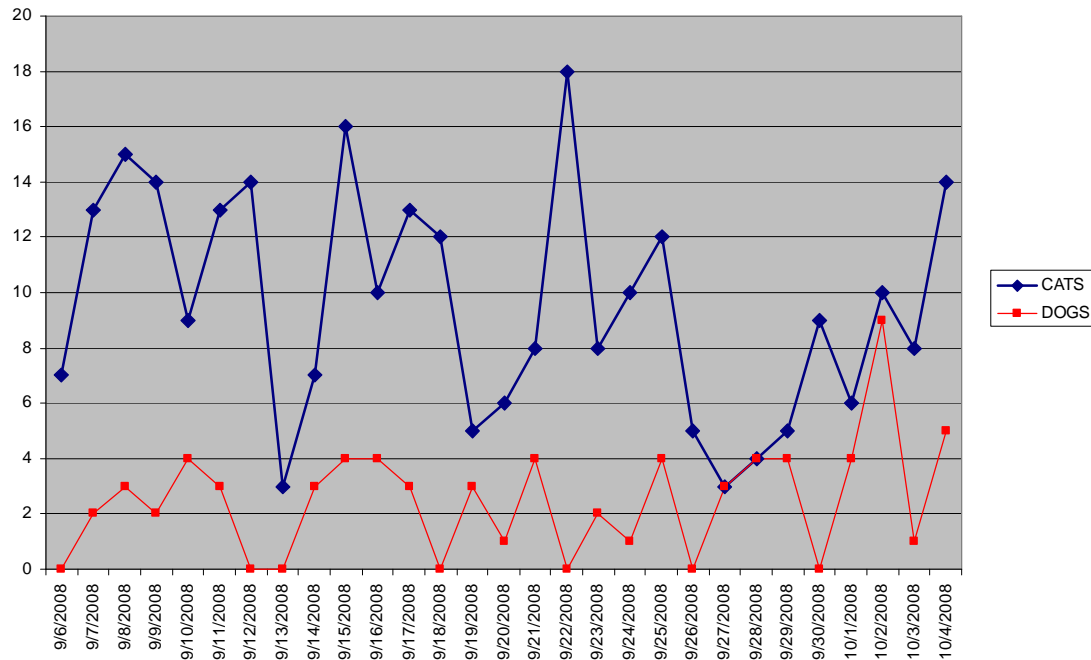


**\*\*NOTE: Not all data for Metro Baltimore hospitals was available for October 02,2008 due to technical issues\*\***

\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

**Dead Animal Pick-Up Calls to 311**

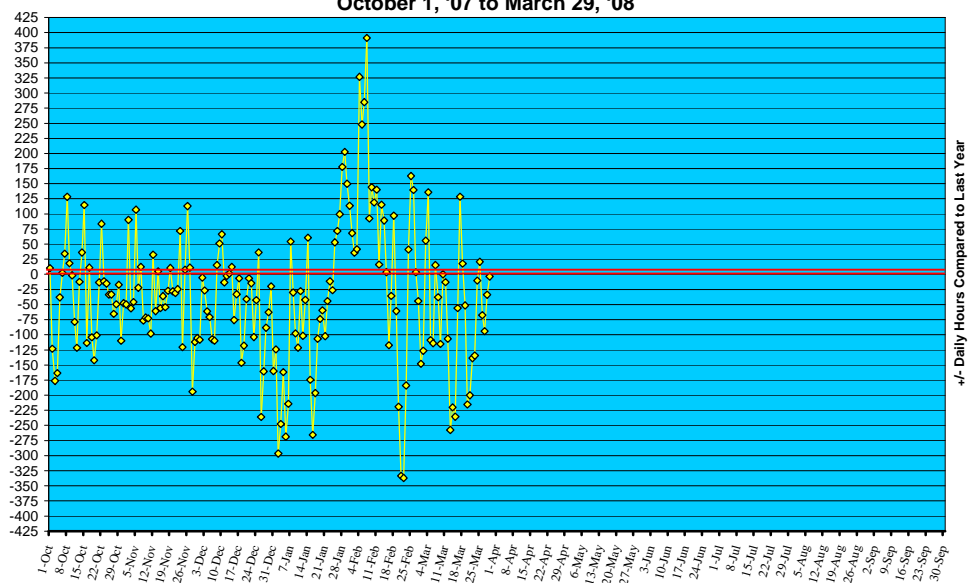


### **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

\*Note: No new data available at this time.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to March 29, '08**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in August 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

| <b>Meningitis:</b>                      | <b><u>Aseptic</u></b> | <b><u>Meningococcal</u></b> |
|---|-----------------------|-----------------------------|
| New cases (Sept 28 – Oct 04, 2008):     | 21                    | 0                           |
| Prior week (Sept 21 – 27, 2008):        | 19                    | 1                           |
| Week#40, 2007 (Sept 30 – Oct 06, 2007): | 16                    | 0                           |

### **4 outbreaks were reported to DHMH during MMWR Week 40 (Sep. 28- Oct. 4, 2008):**

#### 1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a School

#### 1 Respiratory illness outbreak

1 outbreak of PERTUSSIS associated with a Private Home

#### 2 Rash illness outbreaks

1 outbreak of SCABIES associated with an Assisted Living Facility

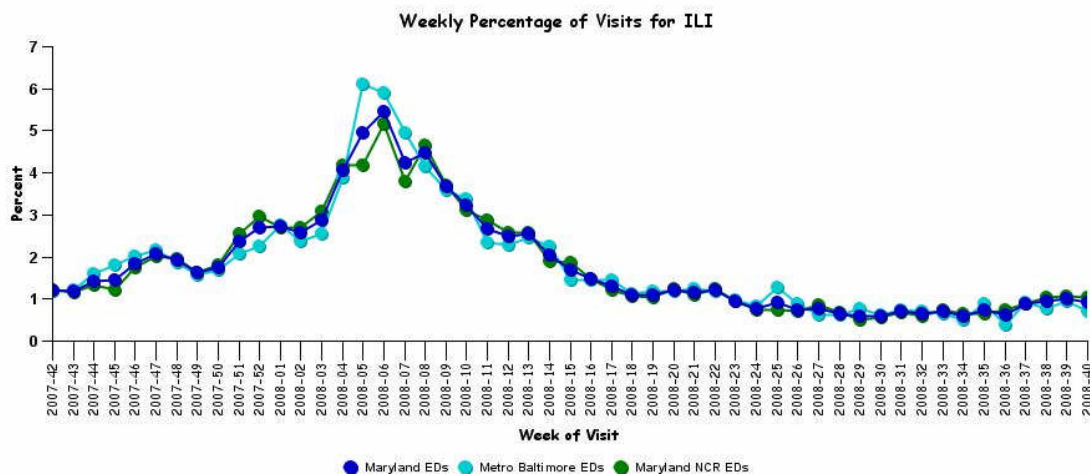
1 outbreak of MRSA associated with an Institution

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

## **NATIONAL DISEASE REPORTS:**

**UNDIAGNOSED RESPIRATORY ILLNESS (ALASKA):** 03 Oct 2008, The Alaska State Health Department and US Centers for Disease Control (CDC) are investigating an outbreak of a respiratory illness on Prince of Wales Island. Health department officials are reporting 26 suspected or confirmed cases of the unknown illness in communities like Craig and Klawock. Officials say 7 people have been hospitalized. Symptoms of the illness include a severe dry cough and a fever above 101 [deg F / 38.3 deg C]. The health department says so far the state is not prohibiting travel to and from the island or quarantining anyone, but is advising people to practice good respiratory hygiene. "Basically you can go a long way [towards preventing spread] with just washing your hands meticulously and covering your cough, and using tissues and throwing them away," medical epidemiologist Dr Beth Funk said. "Don't leave them [used tissues] lying around, just sort of simple things like that." The health department is collecting samples and sending them to the CDC, as well as testing samples in an Anchorage lab. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX, BOVINE (ARGENTINA):** 03 Oct 2008, 2 animals died within a herd of 170 pregnant and calving cows. The animals were not vaccinated against anthrax (*Bacillus anthracis*). According to the veterinarian working on the case, one of the animals showed bleeding from natural orifices; its spleen was not enlarged but showed petechiae. Culture and isolation showed colonies that were morphologically atypical. White mice were inoculated and died 22 hours post-inoculation; *B. anthracis* was isolated from their spleens. The herd is located close to Highway 226 towards Pehuajo, 15 km (9.3 mi) from Bolivar city in Buenos Aires Province. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, WILDLIFE (ZAMBIA):** 02 Oct 2008, Anthrax has broken out in Chama District of the Eastern Province. Principal Veterinary Officer Joseph Sitali says the disease has already killed a number of wild animals. Dr. Sitali, however, could not give the number of animals that have died from the disease so far. He told agriculture Deputy Minister Daniel Kalenga in Chipata on Wednesday (1 Oct 2008) that it has been difficult to control the disease due to inadequate resources. And Provincial Agriculture Coordinator Obvious Kabinda said there is a need for urgent measures to control anthrax. Dr. Kabinda said the disease was earlier reported in South and North Luangwa National Parks. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (INDIA):** 02 Oct 2008, Howrah district [West Bengal state] health administration have detected chikungunya virus in the blood samples of 8 people in Baigachi of Howrah district today (1 Oct 2008). More than 200 residents of Baigachi and its adjacent villages have been suffering from fever and severe throat pain since 18 Sep (2008). According to the district health department officials, following the spread of the disease, experts from the state health administration visited the affected areas and collected blood samples and serum from neighbours of the affected people. According to the chief medical officer, health (CMOH), Howrah, Dr Dilip Deb: "Blood samples of 10 people in Baigachi were taken and the district health officials have confirmed that chikungunya has been found in the blood samples of 8 people. All sorts of medical aid are being provided." He further added that the health department has set up a temporary health care centre at Baigachi and have started an awareness programme in the area. The block administration has initiated a drive to control the breeding of mosquitoes. Medicines are also being distributed among the villagers. The local primary health centre has been asked to stay on alert. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**PLAGUE, PNEUMONIC, FATAL (CHINA):** 01 Oct 2008, 2 people in eastern Tibet have died of the deadliest and least common form of plague, Chinese state media said on Wednesday. The health department of the Himalayan region was notified on Friday (26 Sep 2008) that 2 people had died of an unidentified illness in a village in the Linzhi area, more than 200 km (125 m) southeast of the capital Lhasa, the Beijing Times reported. Health authorities examined the victims and determined they were cases of pneumonic plague. The report did not identify the 2, but health authorities in Hong Kong

said they were a couple who developed symptoms of plague on 14 and 23 Sep 2008. A spokesperson for the Centre for Health Protection of Hong Kong's health department said the man, 35, passed away on 20 Sep 2008 and his 38 year old wife died 5 days later. Pneumonic plague, which is transmitted to humans from infected animals -- mainly rodents [by their fleas] -- is highly contagious, the centre said. It can spread between humans by breathing in respiratory droplets from an infected person and the incubation period of the disease is between 1 & 4 days. Pubu Zhuoma, head of the Tibet health department, said cases of human plague had emerged in Tibet in the past. "Tibet's disease prevention workers have long carried out plague prevention and control work in disease areas. They have had good results in controlling epidemics among animals and there have been no epidemics among humans," he said, according to the Beijing Times. Authorities immediately put in preventative and control measures in the village, no new cases of the disease had emerged in the area, and the disease had been contained, the report said. (Plague is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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